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(415) 576-0200		MAISEP	3	Date of Dep	osit <u>Sept</u>	ember 9	. 1996			
ASSISTANT COMMISS BOX PATENT APPLIC Washington, D.C. 2023	CATION	EXP 9	Postal S	Service "Expre	ss Mail P date in	ost Offic	posited with the ce to Addresse above and is ashington, D.	e" service u addressed	ınder	
Sir: This is a request under 37 CFR 1.60 for filing a [x] Continuation [] Division By With Jawa										
of application No. 07/823,932 , filed 01/21/92 , of (list each inventor) Philip S. Green										
for Endoscopic Surgical Instrument And Method For Use										
The application papers FILED HEREWITH (specification, claims, originally filed drawing(s) and oath or declaration) are a true copy of the prior application.										
[X] Please amend the specification by inserting before the first line the sentence:										
This is a [x] Continuation [] Division Market of application No. 07/823,932 filed January 21, 1992 A pow abandoned This is a [x] Continuation [] Division Market of application No. 07/823,932 filed January 21, 1992										
[x] A preliminary amendment is enclosed.										
[x] A preliminary amendment is enclosed. [] Formal drawings are enclosed.										
[] An Information Disclosure Statement under 37 CFR 1.97 is enclosed.										
[x] A verified statement to establish status under 37 CFR 1.97 is enclosed. [x] A verified statement to establish status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed, or [x] was filed in the above identified										
parent application.										
[] Enclosed is a petition to extend time to respond.										
[] Please record the enclosed assignment to										
[x] The prior application is assigned to SRI International .										
[x] Please cancel claim	n(s) <u>1-25</u>								 •	
Claims as Filed, Less any Cancelled Claims										
	(Col. 1)	(Col. 2)		SMALL ENTITY			OTHER THAN A SMALL ENTITY			
FOR:	NO. FILED	NO. EXTRA		RATE	FEE	OR	RATE	FEE		
BASIC FEE					\$375	OR		\$750		
TOTAL CLAIMS	21 -20=	*1		x11=	\$11	OR	x22=	\$		
INDEP CLAIMS	3 -3=	*0		x39=	\$	OR	x78=	\$,	
[] MULTIPLE DEPEND	ENT CLAIM PRESI	ENTED	1	+125=	\$	OR	+250=	\$		
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2				TOTAL	\$386	OR	TOTAL	\$		
Please charge Deposit	Account No. 20-143	30 as follows:								
[X] Filing fee					\$ <u>3</u>	86.00				
[X] Any additional fees associated with this paper or										
during the pendency of this application [] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice										
of Allowar		Respectfully submitted,								
[] A check for \$ is enclosed. TOWNSEND and TOWNSEND and CREW LLP									LP	
extra copy of this sheet is enclosed.										
			()	Joh	n T. Raff	le //	1/1/1			
m				Reg. No. 38.585						
Telephone: (415) 576-0200 RULE60.TRN 4/96				Attorneys for Applicant						